CHRISTIAN COMMUNITY HOME

1320 WISCONSIN ST

TODO NIDOONOIN	O-1				
HUDSON	54016	Phone: (715) 386-9303		Ownership:	Non-Profit Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with H	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/04):	81	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	81	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31,	/04:	76	Average Daily Census:	77

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%	
Home Health Care	No	Primary Diagnosis	%	3	%	Less Than 1 Year	28.9
Supp. Home Care-Personal Care	No	Danilan and I Dinabiliti				1 - 4 Years	57.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.9	More Than 4 Years	13.2
Day Services	No	Mental Illness (Org./Psy)	27.6	65 - 74	6.6		
Respite Care No		Mental Illness (Other)	3.9	75 - 84	25.0		100.0
Adult Day Care No		Alcohol & Other Drug Abuse	0.0	85 - 94	53.9	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.5	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	1.3			Nursing Staff per 100 Res	idents
Home Delivered Meals	Yes	Fractures	1.3		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	18.4	65 & Over	96.1		
Transportation	No	Cerebrovascular	15.8			RNs	10.2
Referral Service	No	Diabetes	6.6	Gender	%	LPNs	9.0
Other Services	No	Respiratory	1.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	23.7	Male	21.1	Aides, & Orderlies	43.6
Mentally Ill	No			Female	78.9		
Provide Day Programming for	ĺ		100.0				
Developmentally Disabled	No				100.0		

## Method of Reimbursement

		Medicare (Title 18)					Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	응	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of	
Int. Skilled Care	0	0.0	0	 5	13.5	155	0	0.0	0	 1	3.3	158	0	0.0	0	0	0.0	0	 6	7.9	
Skilled Care	9	100.0	322	32	86.5	132	0	0.0	0	29	96.7	145	0	0.0	0	0	0.0	0	70	92.1	
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	9	100.0		37	100.0		0	0.0		30	100.0		0	0.0		0	0.0		76	100.0	

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, ar	nd Activities as of 12/	31/04
Deaths During Reporting Period	 		Total				
Percent Admissions from:		Activities of	%		% Needing ssistance of	% Totally	Number of
Private Home/No Home Health	29.8	Daily Living (ADL)	Independent	One	e Or Two Staff	_	Residents
Private Home/With Home Health	0.0	Bathing	0.0		50.0	50.0	76
Other Nursing Homes	2.1	Dressing	2.6		47.4	50.0	76
Acute Care Hospitals	66.0	Transferring	28.9		42.1	28.9	76
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.0		28.9	46.1	76
Rehabilitation Hospitals	2.1	Eating	63.2		25.0	11.8	76
Other Locations	0.0	*******	******	*****	******	*******	*****
Total Number of Admissions	47	Continence		%	Special Treatmer	nts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	7.9	Receiving Resp	oiratory Care	10.5
Private Home/No Home Health	26.9	Occ/Freq. Incontiner	nt of Bladder	57.9	Receiving Trac	cheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	57.9	Receiving Suct	ioning	1.3
Other Nursing Homes	3.8	_			Receiving Osto	omy Care	1.3
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	6.6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0		nanically Altered Diets	19.7
Rehabilitation Hospitals	0.0					-	
Other Locations	7.7	Skin Care			Other Resident (	Characteristics	
Deaths	61.5	With Pressure Sores		7.9	Have Advance I	Directives	100.0
Total Number of Discharges		With Rashes		2.6	Medications		
(Including Deaths)	52	İ			Receiving Psyc	choactive Drugs	73.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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			ership:		Size:		ensure:		
	This	Non <sub>]</sub>	profit	50	-99	Ski	lled	Al	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.1	92.7	1.03	89.0	1.07	90.5	1.05	88.8	1.07
Current Residents from In-County	85.5	84.6	1.01	81.8	1.05	82.4	1.04	77.4	1.10
Admissions from In-County, Still Residing	46.8	20.5	2.28	19.0	2.46	20.0	2.34	19.4	2.41
Admissions/Average Daily Census	61.0	153.0	0.40	161.4	0.38	156.2	0.39	146.5	0.42
Discharges/Average Daily Census	67.5	153.6	0.44	163.4	0.41	158.4	0.43	148.0	0.46
Discharges To Private Residence/Average Daily Census	18.2	74.7	0.24	78.6	0.23	72.4	0.25	66.9	0.27
Residents Receiving Skilled Care	100	96.9	1.03	95.5	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	96.1	96.0	1.00	93.7	1.03	91.8	1.05	87.9	1.09
Title 19 (Medicaid) Funded Residents	48.7	54.6	0.89	60.6	0.80	62.7	0.78	66.1	0.74
Private Pay Funded Residents	39.5	32.6	1.21	26.1	1.51	23.3	1.70	20.6	1.92
Developmentally Disabled Residents	0.0	0.5	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	31.6	37.4	0.85	34.4	0.92	37.3	0.85	33.6	0.94
General Medical Service Residents	23.7	20.2	1.17	22.5	1.05	20.4	1.16	21.1	1.12
Impaired ADL (Mean)	56.8	50.1	1.13	48.3	1.18	48.8	1.16	49.4	1.15
Psychological Problems	73.7	58.4	1.26	60.5	1.22	59.4	1.24	57.7	1.28
Nursing Care Required (Mean)	6.3	7.0	0.90	6.8	0.91	6.9	0.91	7.4	0.84